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ABSTRACT

This practicum paper discusses the development, evaluation, and revision of a student sex education syllabus at American River College (California). The syllabus is intended to provide an alternative learning format to the traditional lecture format. After a review of the literature, it was decided to use a fill-in or sentence completion format for the syllabus. Then the following key topics were identified: (1) male and female reproductive systems, (2) birth control methods, (3) sexually transmissible diseases, (4) growth and development, (5) the right to be well born, (6) birth disorders, and (7) abortion. Learning objectives were defined for each topic, and main terms and concepts identified. Finally sentences encompassing objectives, concepts, and terms were developed and rewritten with blanks for key words and phrases. The first draft of the syllabus was evaluated by two experts at the College and changes were incorporated into the final draft. Literature review findings are discussed concerning the need for sexual information, the uses of supplemental materials, the effectiveness of these materials, alternative learning styles, and different models. The paper concludes with discussions of the implications and recommendations based on the American River College experience. It is concluded that the development of the student syllabus was a major improvement of the student learning process that existed in health science taught at American River College. The appendix (comprising two-thirds of the report) contains the Health Science Sex Syllabus itself which is intended to be used with the course textbook. Contains 28 references. (GLR)

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DEVELOPMENT OF A SEX EDUCATION SYLLABUS FOR HEALTH SCIENCE AT AMERICAN RIVER COLLEGE

EMERGENCE OF HIGHER EDUCATION IN AMERICA

by

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American River College

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Bay Area Cluster

A Practicum Report presented to Nova University in partial fulfillment of the requirements for the degree of Doctor of Education

Nova University

February, 1993

HE 026 322

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Abstract of a Practicum Report Presented to Nova University in Partial Fulfillment for the Requirements for the Degree of Doctor of Education

THE DEVELOPMENT OF A SEX EDUCATION SYLLABUS FOR HEALTH SCIENCE AT AMERICAN RIVER COLLEGE

by

Michael L. Rasler, M.A.

February, 1993

Health Education 1 is a course taught at American River College (ARC) which fulfills the requirements for graduation. Since most college students are still learning about their sexuality and trying to link what they have heard and read with their own experiences, there is a need for specific supplemental materials in the area of sexuality.

The major purpose of this study was to develop a Sex Education Syllabus for Health Education 1 (Syllabus) at American River College. Since the student body of ARC is diverse, the desired outcome was to offer an alternative learning method that accommodates diverse learning styles and enhances student opportunities for success.

The literature supports the benefits of having a structured study activity designed to guide students in

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their endeavor to learn concepts of a specific topic or textbook discussion (Hayes, 1989).

The Syllabus was developed after a review of the literature was conducted to locate a conceptual and systematic framework that could be adapted for use in Health Education 1 at ARC. A fill-in or sentence completion format was developed following the Iowa State University model (1985).

A first draft of the framework was developed and disseminated to senior staff members for their evaluation and recommendations. The evaluation input was then incorporated into the development of the final draft.

Moreover, it was the intent of this study to formulate a syllabus that would be reviewed, evaluated, revised and adopted by the Learning Resource Center (LRC) for use by health science students using the LRC. It was also recommended that the syllabus be revised and improved annually based on faculty and student input.

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Chapter 1

INTRODUCTION

Background and Significance

Health Education 1, a concentration in the specialization of Higher Education for which Nova University grants the degree of Doctor of Education, has a concern with diversity and how alternative learning methods can enhance student success.

Health Education 1 is a course offered at American River College (ARC) that fulfills the requirements for graduation. The basic purpose of health science is to assist learners toward the broad understanding and appreciation of health education issues. While introductory courses in health science provide some course materials for students, there are no supplemental materials specifically designed for the study of sexuality.

The Health Education 1 course has 11 learning outcomes. Six of the outcomes deal directly with understanding sexuality. Since most college students are still learning about their sexuality and trying to link what they have heard and read with their own experiences, there was a need for specific supplemental materials in the area of sexuality.

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The student body of ARC is diverse, consequently the problem was to offer an alternative learning method that accommodates diversity and enhances student opportunities for success.

Purpose of the Investigation

The purpose of this practicum was to develop a student syllabus dealing specifically with the topic of sexuality for health science at American River College. The intent is to provide information in a manner other than the traditional lecture style delivery system (Deegan and Tillery, 1985). The student would become an active learner not merely a recipient of knowledge, but one who can shape his/her success and is involved in the learning process. The division leader for the Department of Science, American River College, K. B. Do (personal communication, October 1, 1992), recognized the problem by saying, "There is no current syllabus dealing with the subject of sexuality prepared for health science and I would support the development of a sex education syllabus and its inclusion into the Learning Resource Center (LRC)."

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Research Questions

The research questions answered in this practicum were:

A. What curricular model may be used to guide the development of the syllabus?

B. What are the elements that will comprise the sex syllabus?

C. How may this syllabus be evaluated?

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Chapter 2

REVIEW OF THE LITERATURE

There was a need for the use of supplemental course materials such as a sex syllabus. This syllabus provided an alternative learning method in order to accommodate various learning styles.

Need For Sexual Information

The conflicting messages and information people receive about sex can be confusing, but knowledge about the body's sexual anatomy and functioning is vital to a healthy life (Insel and Roth, 1991).

Probably no single behavior has more potential for upsetting a young person's life plans than sexual activity, yet many people leave contraception up to chance. More than 1 million unplanned teenage pregnancies in the U.S. every year testify to the confusion and ambivalence surrounding contraceptive use in the United States. The preventing of unintended pregnancy and sexually transmissible diseases is crucial to optimal health (Insel and Roth, 1991).

In addition, there is no single health issue that has commanded as much public attention in recent years as Acquired Immunodeficiency Syndrome (AIDS). This fatal, incurable disease currently ranks 15th as a cause of death among Americans and the AIDS epidemic is

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considered the number one health priority in the United States (Insel and Roth, 1991).

Fill-In Sentence Model

The review of the literature identified three different models that could have potentially been used for the development of the health science syllabus.

A study at the University of Alabama/Birmingham compared adult asthma patients receiving a self-care workbook with those receiving only asthma pamphlets. The concept of a self-care workbook was examined, however, due to its clinical focus the model was not appropriate for a college health education course.

Pennsylvania State Department of Education, Harrisburg developed an instructional modular unit. Its purpose was to introduce the student to the structures and functions of the human circulatory system and to familiarize the student with some of the terms and concepts necessary for an understanding of the circulatory system. There were five instructional modules and each modular unit is made up of several components: pretests, post-tests, optional activities, and glossary of terms. However, the Health Education 1 course at American River College has an existing study guide and since the design of the modular model was

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more like a study guide rather than an alternative learning model, it was rejected.

The Iowa State University of Science and Technology, Parent Education Workbook (1985) was chosen as the model for the development of the framework of the Sex Education Syllabus. The Iowa model was a two-part student workbook which utilized the fill-in format.

The two-part student workbook contains 12 units intended to provide supplementary instruction in the contemporary Patenting Choices Curriculum. The workbook was intended to be used with the course textbook and the other components of the Contemporary Patenting Choices Curriculum.

The Iowa State Model was corroborated by earlier manuals produced by the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA). The two manuals (1975), entitled, "Principles and Practices of Occupational Safety and Health," both incorporated a "fill-in" format. The manuals were comprised of multiple lessons each containing study and review questions interwoven with the text.

Harriet Dohrmann (1976) developed a workbook which was a part of a series, described the goals and objectives of schools and classes for pregnant minors

and provided further reinforcement of a "fill-in" format for use with pregnant minors dealing with such topics as good nutrition, prenatal growth and development.

Uses of Supplemental Materials

Research studies have suggested several reasons why a syllabus may be beneficial. First, students often fail to learn because they do not know or study the pertinent course information as thoroughly as necessary (Anderson and Armbruster, 1980).

A second potential problem stems from the fact that students at all levels (but particularly less experienced students) seem to have difficulty assessing the level of their own knowledge. This observation along with recent empirical work (Glenberg, Wilkinson, and Epstein, 1982) suggest that many colleges lack the ability to effectively monitor their own level of understanding. A well-structured syllabus would provide the student with an alternative activity that would increase his/her chances of successfully meeting the course requirements.

According to Herber (1978), Tutolo (1977) and Vacca and Vacca (1989), within the last two decades, the usefulness of study guides has surfaced in the literature on health science education. Adjunct

instructional materials, according to Vacca and Vacca (1989), were designed to help simplify difficult textbooks which students might otherwise avoid using.

Carol Peterman (1989) addressed the valuable uses of study guides in health science courses and did an exploratory study on practicing teachers and their use of classroom study guides with varying content areas.

Peterman (1989:2) also stated that "while the majority of teachers used study guides as a way of guiding their students reading, the less experienced teachers were just as convinced that their purpose was to help students study for tests" (p. 2).

Barbara Wilks (1983) developed a study guide for the Georgia Teacher Certification Test in Health Education. However, her guide was specifically designed for individuals preparing to take the Georgia Teacher Certification Test (TCT).

Rye, J. A., et al. (1978), developed a Dietetic Education Program (DEP) based on Personalized Systems of Instruction (PSI) to train Community Nutrition Workers (CNW). The PSI are offered through self-paced and competency-based instructional modules. Some course modules were supplemented with textbooks appropriate to the subject matter. The mean course grade was 96%.

Effectiveness of Supplementary Materials

Learning successfully from textbooks requires self-monitoring by readers (Brown, 1980) as well as selective, flexible use of information presented in textbooks (Spiro and Meyers, 1984).

Beth Davey (1986), in her article entitled, "The Use of Textbook Activity Guides to Help Students Learn from Textbooks," described how textbook activity guides emphasized active student involvement through cooperative learning and self-monitoring activities, which would include the use of vocabulary to aid students to become more effective readers of the textbook.

Beth Green (1990), in her article entitled "Using Study Guides," showed that the use of color coding in a study guide sustains student attention. In order to sustain student attention, the units that comprise the Sex Education Syllabus were color coded.

David Hayes (1989) studied the effectiveness of the analogical study guide, a structured study activity to accompany assigned reading. Hayes compared its learning outcomes with outcomes of two unstructured activities commonly assigned to accompany reading: essay writing and self-questioning.

Hayes found that superior prose-learning outcomes were carefully structured for the learner. In his article titled, "Directing Prose Learning with Analogical Study Guides," Hayes corroborated research done by Cohen (1987) which indicated increased student learning as a result of supplemental materials. Thomas Lovitt (1990) substantiated the positive effect of supplemental materials in teaching disabled students. He said, "When the teachers implemented supplemental materials in their classrooms student achievement increased" (p. 17).

Alternative Learning Styles

Considerable study has been focused on relationships between learning styles and other characteristics and conditions, such as teaching styles, achievement, student age and student gender. Mary Thompson (1991) conducted a study on two campuses of a comprehensive community college to measure the effect on course grades of the relationship between matched and mismatched teaching and learning styles.

Michael Galbraith (1987) studied the relationship between perceived learning style and teaching style of junior college educators. Galbraith reported on the relationship between the perceptual learning style and teaching style of 138 junior college educators.

Galbraith found that the instructors tended to teach the way they preferred to learn. Ed Haring (1985) corroborated Galbraith's findings. In his article titled, "Teaching and Learning Styles," Haring stated, "Instructors tend to prefer to teach the way they prefer to learn unless a conscious effort is made to do otherwise" (p. 173).

Haring concluded that teachers should understand their own teaching and learning styles to be able to modify their approach depending on the circumstances at hand. He said, "Instructors should make the instructional changes which allow students a better opportunity to learn and to be more responsible for their own learning" (p. 176).

Mary Mickler (1987) in her article titled, "Teaching Strategies Based on Learning Styles of Adult Students," described the effect of adjusting teaching methods to coincide with the learning preferences of students enrolled in a small predominantly black community college. Mickler revealed that students in the group in which teaching strategies matched learning styles had higher achievement gains than students taught with the lecture method.

Gerry Haukoos (1986) substantiated the positive effect of accommodating learning styles of minority

students (Native Americans) and their success in college-level biology courses.

Beverly Martin (1987) developed a learning-teaching styles scheme to improve teaching behaviors of college child development student interns. Martin implemented a teacher training program. The program goals were: (a) to design a learning styles training format for preschool teachers, (b) to provide teachers with factual information about modality-based learning styles theory, (c) to train teachers to analyze their own learning style patterns, and (d) to train teachers to assess their own teaching behavior. Evaluation data indicated that participants increased in awareness and sensitivity toward individual style patterns, increased in respect for diversity in others, showed flexibility and variability in classroom teaching behaviors, and understood basic concepts of learning.

The intent of the literature review was to ascertain information on: (a) the need for sexual information, (b) the uses of supplemental materials, (c) the effectiveness of supplemental materials, and (d) alternative learning styles.

Chapter 3

METHODOLOGY AND PROCEDURES

Problem Solving Methodology

The purpose of this investigation was to develop a Sex Education syllabus for Health Education 1 at American River College. The desired outcome was to offer an alternative learning method that accommodates different learning styles and enhances student opportunities for success.

Procedures

The syllabus was developed according to the following procedures:

First, a review of the literature was conducted to locate a curricular model that could be adapted to guide the development of the syllabus.

The Iowa State University of Science and Technology, Parent Education Workbook (1985) was chosen as the model for the development of the framework of the Sex Education Syllabus. The Iowa model provided 12 units intended to provide supplementary instruction and did so by using the fill-in format.

The review also demonstrated the importance of study aids, such as a syllabus, in the improvement of student success.

Second, the first draft of the syllabus was developed and consisted of the following topics: (a) Male and female reproductive systems, (b) birth control methods, (c) sexually transmissible diseases, (d) growth and development, (e) the right to be well born, (f) birth disorders, and (g) abortion. The topics chosen were taken from the course outline and supported by research (Planned Parenthood, 1986). Also, the topics were chosen due to their occurrence in the current course textbook and study guide, thus providing greater goal clarity and content consistency.

Third, the learning objectives were identified for each topic area. These learning objectives were taken directly from the health science study guide.

Fourth, the main terms were identified for each topic area. These key terms were taken directly from the health science study guide.

Fifth, the relevant concepts were identified for each topic area. These relevant concepts were taken directly from the health science study guide.

Sixth, sentences were developed which encompassed the learning objectives, main terms, and relevant concepts for each topic.

Seventh, key words or phrases were removed from the sentences and this was noted through the use of a

blank space so denoted by a hyphenated line so the student could fill-in the space provided with the correct answer.

Eighth, each unit in the syllabus was clearly identified with a title that corresponded with the same title in their text book and study guide. Each page was clearly numbered for easy reference.

Ninth, a cover page and table of contents were generated for the syllabus.

Tenth, instructions for how the student was to use the syllabus were developed.

Eleventh, the first draft was disseminated to two school experts in the Department of Health Education 1 (the department chairperson and a senior faculty member) at American River College for review and evaluation.

Twelfth, the evaluation input of those experts was incorporated into the final draft of the sex syllabus.

The final draft was submitted to the dean of learning resources for adoption and use in the LRC.

Chapter 4

RESULTS

The purpose of this investigation was to develop a sex education syllabus for Health Education 1 at American River College.

The review of the literature identified three different models that could have potentially been used for the development of the health science syllabus. However, after closer scrutiny of the models the Iowa State University of Science and Technology, Parent Education Workbook (1985) was chosen as the model for the development of the framework of the Sex Education Syllabus. The Iowa model used the fill-in sentence modality.

A first draft of the syllabus was developed and consisted of the following topics: (a) Male and female reproductive systems, (b) birth control methods, (c) sexually transmissible diseases, (d) growth and development, (e) the right to be well born, (f) birth disorders, and (g) abortion. These topics pertaining to human sexuality were chosen from the course outline, text book and study guide. The completed syllabus consisted of 58 pages of study.

The learning objectives for each of the topic areas were identified. The seven topic areas had a total of 30 learning objectives.

The main terms for each topic area were gathered. The seven topic areas generated a list which included 140 different terms. The list of terms were incorporated into the construction of the sentences utilized in the syllabus. In some cases, the term or terms were used as the answer for the incomplete sentence.

The relevant concepts were identified for each topic. The seven topic areas generated a total of 38 relevant concepts. Many of the relevant concepts were incorporated into the construction of sentences used in the syllabus.

Thus, the sentences included in the sex education syllabus were developed and focused on the learning objectives, main terms, and relevant concepts for each of the seven topic areas.

The sentences were then scrutinized and the decision was made to remove key words or phrases and to so indicate there removal by substituting a hyphenated line.

Each topic in the syllabus was identified with a title that corresponded to the textbook and study guide.

The student was then instructed to refer to his/her text book and study guide, locate the key concept under consideration and fill-in the missing information in the blank provided.

Students were also instructed and encouraged to take responsibility for managing their own learning and to collaborate together to complete the concepts for each topic represented in the syllabus.

The first draft was disseminated to the department chairperson and a senior science instructor at American River College for their review and evaluation.

The evaluation input and of these experts was incorporated into the final draft of the syllabus.

The final result was to offer an alternative learning method that accommodates diverse learning styles and enhances student opportunities for success.

Chapter 5

DISCUSSION, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Discussion

The purpose of this practicum was to develop a student syllabus dealing specifically with the topic of human sexuality for use in the teaching of health science at American River College.

The syllabus provided information in a manner other than the traditional lecture style delivery system. Since the student body of ARC is diverse, the sex syllabus offered an alternative learning method to accommodate diverse learning styles and enhance student opportunities for success.

The literature supports the benefits of having a structured study activity designed to guide students in their endeavor to successfully learn concepts of a specific topic or textbook discussion (Hayes, 1989). Also, instructors who adjusted their teaching methods to coincide with the learning diversity of college students had higher achievement gains than students taught with solely the lecture method (Mickler, 1987).

The preliminary draft of the syllabus was evaluated and revised. The final draft was prepared

based on valuative input from selected health science specialists at American River College.

Conclusions

The development of a student syllabus was a major improvement of the student learning process that existed in health science taught at American River College.

The syllabus was developed to provide an alternative learning method to the traditional lecture style delivery modality and to address the diversity of learning styles of ARC's student body. The desired outcome of the syllabus was to maximize student success by providing an alternative learning method to the health science curriculum. The input from students who use and critique the guide will continue to build upon the strengths of the syllabus.

Implications

The syllabus has implications for the health science curriculum at American River College. Various curriculum-related issues have emerged as a result of this study.

In his article titled, "Learning Styles of Minority Students and Their Application in Developing a Culturally Sensitive Science Classroom," Gerry Haukoos (1986) documented the positive effect of accommodating

learning styles of minority students (Native Americans) and their success in college level courses.

The department chairperson of Health Education 1 at American River College recommended that the syllabus be made available to all department faculty members and presented to the faculty curriculum committee for their information, perusal and possible adoption.

Recommendations

As a result of this practicum, the following recommendations are presented:

1. It is recommended that the Department Chair of Health Education 1 at American River College adopt the study guide and make it available to other faculty members for their perusal as a reference and possible use in their respective teaching assignments.
2. It is recommended that the syllabus be presented to the dean of the Learning Resource Center for adoption.
3. It is recommended that the syllabus be field tested in the Health Education 1 course at American River College during the Fall 1993 semester.
4. It is recommended that following the field-test of the syllabus, that the results be

used to determine whether consideration be given in formally adopting the syllabus into the health science curriculum.

5. It is recommended that the syllabus be revised and improved annually.
6. It is recommended that students have the opportunity to evaluate the syllabus on a continuing basis and student input be used to revise and up date the document.
7. Finally, it is recommended that the syllabus be studied to see if its use increased student learning in health science using an experimental approach.

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APPENDIX

Health Science Sex Syllabus

HEALTH SCIENCE

A SEX SYLLABUS FOR THE COLLEGE STUDENT

by

Michael L. Rasler, M.A.

SCIENCE DEPARTMENT

AMERICAN RIVER COLLEGE

1993

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PREFACE

Health Science 1 is a course taught at American River College (ARC) which fulfills the requirements for graduation. Since most college students are still learning about their sexuality and trying to link what they have heard and read with their own experiences, the Sex Education Syllabus for Health Science was developed.

About this Syllabus

The purpose of this syllabus is to provide information in a manner other than the traditional lecture style delivery system (Deegan and Tillery, 1985). Considerable study has been focused on relationships between learning styles and other characteristics and conditions, such as teaching styles, and achievement. Thus, the desired outcome of the syllabus is to offer an alternative learning method that accommodates different learning styles and enhances student opportunities for success.

Instructions to the Student

This syllabus is intended to be used in conjunction with the course text book and study guide. Locate the key concept under consideration and fill-in the missing information in the blank provided. You are

encouraged to collaborate with other students to complete the concepts for each topic represented in the syllabus.

MALE REPRODUCTIVE SYSTEM

TESTES ( )

A. Undescended Testes

1. Suppose to descend between the _____ and the _____ month of _____life.

2. If not, surgery between _____ and _____years.

B. Functions:

1. Produce the male:_____ _____.

a. _____produced in _____.

b. _____% of sperm are deformed, caused by : _____, _____, _____, _____, _____, _____, _____, _____,

c. Two types: _____, _____.

d. Sperm _____ ruptures with extreme force and spills out the _____.

e. _____ million and under = _____.

Unless wife is incredibly

_____.

f. _____ to _____ million =

average_____.

g. Only _____ hundred sperm reach the

egg _____it to help thin

membrane to aid _____.

h. Produces: _____,

specifically_____

directly into the _____which

causes _____

sex _____: For

example:

1). _____.

2). _____.

3). _____.

4). _____.

5). _____.

6). _____.

EPIDIDYMIS:

A. Tightly _____ tubes barely visible

to the_____ eye, and yet it is

approximately _____ feet in

_____.

B. Location: _____.

C. Function: _____.

_____.

VAS DEFERENS:

A. Also called _____ duct.

B. A tube that_____.

_____.

1. _____ inches long.

C. Function: _____ sperm.

EJACULATORY DUCT:

A. Short tube which _____ through middle of the _____ gland and terminates in the _____.

URETHRA:

A. A small tube leading from the _____.

_____.

B. It is _____ inches in length.

SEMINAL VESICLE:

A. Location: _____

_____.

B. Functions:

1. _____.

a). _____ twenty minutes then_____.

PROSTATE GLAND:

A. Size: _____

B. In Greek it means _____ of the bladder.

C. Location: _____.

D. _____ passes directly through this gland.

E. Older men suffer from an _____ of the _____ gland often causing a squeezing off of the _____.

F. When removed:

1. Often results in _____.
2. And _____ where this is a leaking of _____.

G. New surgery:

1. Called _____. T.U.R.

H. Reduces _____ versus abdominal surgery.

I. Functions:

1. Adds a thin _____ secretion to the _____ in order to _____ the _____ from the _____ present in the _____ urethra and _____.

COWPERS GLAND:

A. Sometimes called the _____ gland.

B. Size and shape of a _____.

C. Location: _____.

D. Function: _____.

SCROTUM:

A. Divided into _____ by a _____.

B. Regulates temperature to about _____ degree.

1. Sometimes referred to as the _____ of the _____ system.

2. If temperature too hot scrotum will _____.

3. If temperature too cold scrotum will _____.

PENIS:

A. Composed of _____ which resembles a _____ in function.

B. Functions:

1. _____.

2. _____.

CIRCUMCISION:

A. Definition: _____.

B. Benefit: _____.

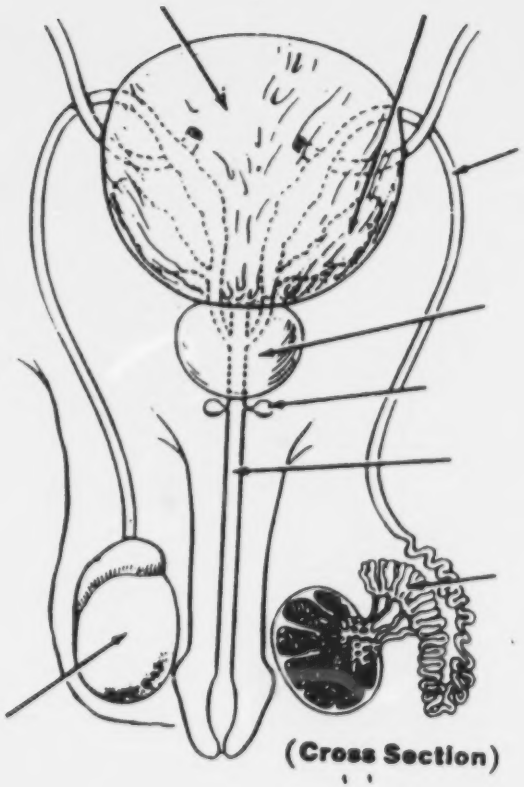
C. Studies show that women married to _____ have a _____ incidence of _____ cancer.

HERNIA:

A. Definition: _____.

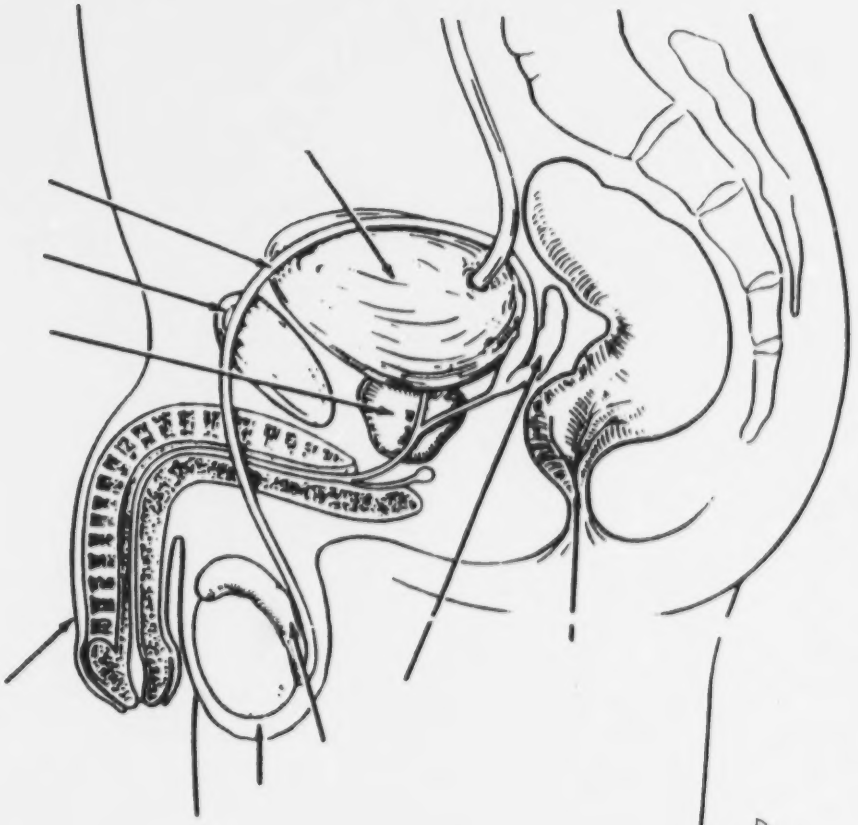
MALE REPRODUCTIVE ORGANS

FRONT VIEW



(Cross Section)

SIDE VIEW



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FEMALE REPRODUCTIVE SYSTEM

OVARIES

A. Become activated at _____
(between 12 & 14 yrs. of age)

by _____ from the Pituitary gland.

B. Ovaries produce _____ or many

_____.

1. Surrounded by 2 _____

penetrated only by an _____

located in the _____ head.

2. _____ changes makes the

_____ impermeable to other

_____.

C. The ovaries _____ each month in

producing an _____.

D. The ovaries are located about _____ to _____

inches below the _____.

E. The ovaries are about the size of an _____.

F. Ova are smaller than a _____ and

yet they are the _____ cell in the

human body.

G. The ovaries produce many hormones however

_____ and _____ are

the two main ones.

1. These hormones cause what's known as the

_____ sex _____.

2. The following are some characteristics:

_____

_____

_____

_____

_____

H. The name of the process where the ovaries secrete an ova is called _____.

1. It's _____ when women are _____ of their own ovulation.

I. The ovaries have a major impact _____ _____.

OVIDUCTS

A. Also called _____ tubes.

B. Attaches to the _____ of the _____.

C. They are about _____ to _____ inches in length.

D. Function:

1. _____ ovum with _____ creating a _____ current. towards the _____.

2. The cilia compared to the ovum are like _____.

E. _____ takes place here.

1. _____ pregnancies sometimes occur in the tube.

F. Finger like projections above the ovary are called _____.

1. Activated by _____ at the time of _____.

UTERUS

A. In Latin means _____ or _____

1. Womb for rent _____.

B. Function:

1. _____ or the sloughing or shedding of the uterine lining.

a. Average blood loss between _____and _____.

2. Deficiencies in _____ and _____ can cause cramps.

3. Menopause usually starts between _____ and _____ years of age.

4. _____ houses the child for 9 months.

5. _____ eviction process of child from uterus.

6. Located between the _____ and the _____.

7. Approximate shape _____.

   a. _____ at the top narrow at the _____.

8. Expands to the _____

   _____.

9. Endometrium _____.

10. _____ degree able in relation to the vagina is normal.

CERVIX

A. In Latin it means _____.

B. 1/2 inches projects into the _____.

C. The opening is the size of a _____, and yet will expand to between _____ to _____ centimeters (sonameters).

D. _____ cervix is when the muscleis to _____ to hold the pregnancy and at _____ can cause _____.

VAGINA

A. In Latin it means _____.

   1. Definition:

      _____.

B. Approximately _____ to _____ inches in length.

C. Contains small _____ that produce a _____ and _____ fluid.

D. Located between the _____ and the _____.

E. Normally _____ to protect against _____.

HYMEN

A. Located near the _____ opening of the _____.

B. Function: _____.

URETHRA

A. Located just above the _____ and below the _____.

B. After intercourse women should _____ in order to prevent a _____ infection.

CLITORIS

A. Location: _____ inches above _____ opening.

B. Function: _____ stimulation.

LABIA MAJORA AND MINORA

A. Function: _____ infection.

B. Location: _____ vagina.

VAGINITIS

A. Main type is called a _____ infection.

1. _____ is a _____, which is always present in the _____, in _____ harmless quantities.

B. Causes

1. _____.
2. _____.
3. _____.
4. _____.
5. _____.

All these chemicals kill the _____ thus allowing the _____ to grow unchecked.

C. Symptoms:

1. _____.
2. _____.
3. _____.
4. _____.
5. _____.

D. Prevention:

1. _____ to absorb _____ moisture which will _____.
2. No _____.
3. No _____.

4. Most women experience_____

in their lifetime.

PREMENSTRUAL SYNDROME (P.M.S.)

A. Symptoms

1. Occur every _____ prior to the _____ of her _____and _____ when she starts.

B. More common as _____.

C. If have a _____ the symptoms can continue.

D. Symptoms may _____ worse after starting the _____ pills or they may improve.

E. There are no symptoms which are _____.

1. In fact there are over _____ symptoms can have been associated with P.M.S.

F. Most common symptoms include:

1. _____
2. _____
3. _____
4. _____

G. Any _____ or_____

problems a woman has may get

_____before a woman's

_____.

H. Treatment:

1. Avoid _____.
2. Eat _____ times a day rather than

_____.

3. Avoid _____.
4. Keep intake of _____ and

_____.

to a _____.

5. Exercise should be _____ for

at least _____ minutes _____

times a week. For example:

a. _____.

b. _____.

c. _____.

d. _____.

6. Always seek professional _____

care.

Toxic Shock Syndrome

A. Occurs in association with type of bacteria called

_____ aureus.

B. Staphylococcus is normally found on the _____and in the _____.

C. _____ produced by the staph infection are thought to be _____ into the _____ and cause the syndrome.

D. Symptoms

1. Begin with a _____ frequently above _____ Fahrenheit.
2. A rash resembling a _____ appears during the first _____ days and is often followed _____ to _____ days later by _____ skin, usually on the _____and_____.
3. In severe cases the illness is characterized by a rapid drop in _____ often resulting in _____.
4. Occurs most frequently in _____ menstruating women.
5. Cases have resulted from use of_____ and _____ left in place for _____
6. Tampons produce conditions in the vagina which enable the _____ to grow. The _____ then can _____the vagina allowing the

_____ produced by the

_____ to be

_____.

E. Treatment

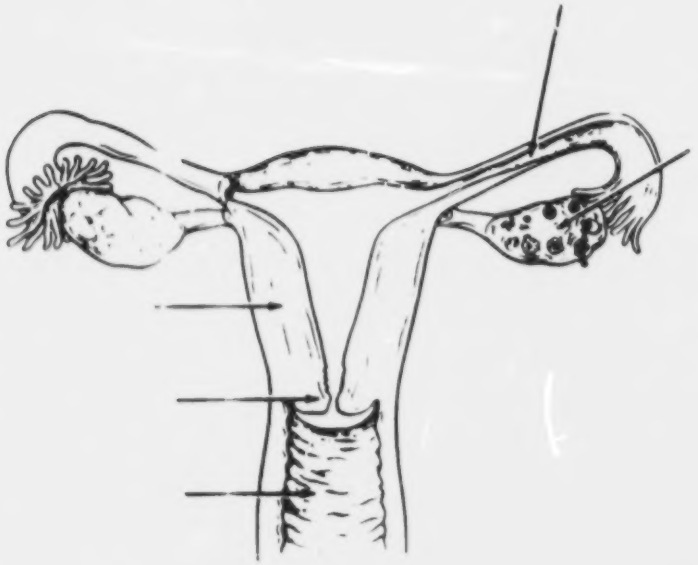
1. _____ and may require _____ care.
2. Most recover in _____ to _____ days.
   a. However, it can continually _____, and in _____ out of _____ it does.
3. _____ fatality.

F. Prevention:

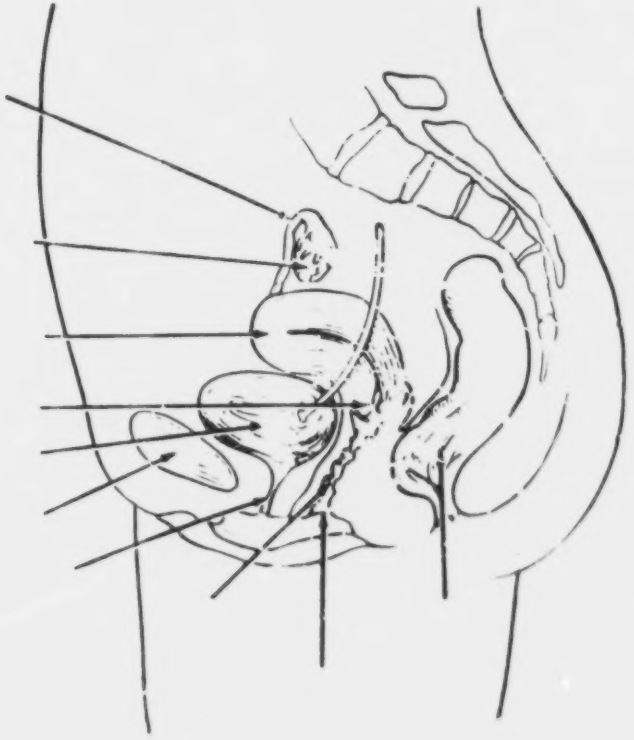
1. Women between ages _____ and _____ are at high risk if they use _____.
2. If use tampons use _____ day and never leave in place for over _____ hours or more.
   a. Thus never use during _____.
3. Avoid _____ tampons.

FEMALE REPRODUCTIVE ORGANS

FRONT VIEW



SIDE VIEW



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CONTRACEPTION/STERILIZATION METHODS

Statistics:

A. _____ out of _____ teenagers gets _____ each year.

B. Each year in the U.S. over _____ teenagers with get pregnant.

C. _____ in _____ young women will get pregnant at least _____ in their _____.

D. In one study of 544 girls, nearly _____ became pregnant within _____ after starting sexual intercourse.

E. Teenage Pregnancies:

1. _____ tandem girls _____ each year.
2. Babies born to teen mothers have a _____ risk of serious _____ problems.
3. The _____ rate from pregnancy complications is significantly _____ for girls age _____.

4. The teen mother is more likely to have a _____ labor.

5. _____ out of _____ pregnant teens _____ of school.

6. Teen marriages _____ end in _____.

7. _____ out of _____ teens are pregnant when they get _____.

Considerations:

A. _____children born yearly

1. In 1991 world population was between _____ billion.

B. There is no method of contraception that is _____ for every woman all the time.

1. 1st consideration: _____

2. 2nd consideration: _____

3. 3rd consideration: _____

4. 4th consideration: _____

5. 5th consideration: _____

C. Definition of Effectiveness:

1. Based on the number of _____ pregnancies in women using that method.

D. Methods:

1. The Oral Method (The Pill) was first used in _____.

a. Prevents _____. No eggs are released by the _____.

b. Take one pill each day for _____. days.

c. She will start her _____ _____ to _____ days after her _____.

d. Start _____ pill on _____ day regardless.

e. Take pill at the _____.

f. If the women _____ the pills are _____ dangerous.

g. There is a significant _____ in _____ disease.

h. Pill is also prescribed for the following reasons:

1) _____.

2) _____.

3) _____.

4) _____.

5) _____.

i. An examination for the pill should include:

1) _____ smear for _____.

2) _____ for _____.

3) _____ pressure.

4) _____ history.

5) _____ test.

j. NEVER GET PILLS FROM A DOCTOR OR CLINIC WHO DOESN'T GIVE A THOROUGH _____.

2. _____, _____, _____.

a. The most common I.U.D. is called the _____.

b. May be left in place _____.

c. Effect of I.U.D. on menstruation: May cause:

1) _____.

2) _____.

3) _____.

d. Some women's bodies _____ expel the I.U.D.

e. Prevents _____ of the _____ on the uterine lining.

f. Does not prevent _____.

g. Presents a _____ dilemma.

3. Diaphragm

a. Must be _____ by a doctor.

b. Inserted into the _____ in order to _____ the _____.

c. Ineffective unless used with _____.

d. After intercourse shouldn't be _____ for at least _____.

e. If there is any _____ weight _____ or loss of _____ pounds or more the woman should be _____.

4. Foam _____.

a. Don't need a _____.

b. It blocks the opening in cervix with a _____ cream plus it has a _____ that _____ the sperm.

c. The recommended dosage for best protection is: _____

application right before

_____.

d. Don't douche for _____ after sex.

e. Foam does kill the _____virus before it enters the _____.

5. CONDOM

a. Similar in effectiveness to the _____.

b. Combined with foam _____effective.

c. Offers _____ protection against STDs_____%

d. Combined with foam _____% effective in reducing chances on contacting _____virus.

6. RHYTHM

a. A woman's fertile period each month, is from _____ to _____ days.

b. Intercourse is to be _____ on the fertile days.

c. Determining when ovulation or the fertile time occurs involves:

d. Taking _____ first thing every _____.

1) _____ shift in temperature indicates _____.

2) _____temperature changes

3) Ovulation may occur _____.

7. BIRTH CONTROL **MIS**CONCEPTIONS

1) Taking a _____ bath.

2) _____ rope.

3) Taking a _____.

4) Breast _____.

8. Poor methods:

1) _____.

2) _____ coitus interruptus.

3) _____.

9. There is an H.S.L. _____ test that is _____ percent accurate in determining the _____.

STERILIZATION: The permanent _____.

A. Leading method of birth control among couples married _____ years.

B. Ranks _____ only to the pill among younger users.

C. _____ times more effective than the _____.

Methods of sterilization:

A. Tubal Ligation

1. Tubes are _____, _____, or cauterized.
2. The woman still experiences her _____.
3. Can be done under _____ anesthesia on an _____ basis.

B. Laparotomy

1. Involves a _____ abdominal _____ followed by the _____ or _____ of the tubes.
2. Usually requires a _____ day _____ stay and _____ weeks of recovery.

C. Laparoscopy

1. Commonly called _____ or _____ sterilization.
2. Takes _____ to _____ minutes.
3. Abdomen first inflated with _____ gas to created an _____view for the doctor.

D. Tubal Occlusion:

1. _____.
2. Requires no _____.
3. Uses only _____ anesthesia.
4. Takes _____ minutes in the _____.
5. Done through the _____.
6. Doctor inserts a _____ instrument called a _____ through the vagina and _____ into the _____
   a. A _____ plastic tube goes through a channel of the hysteroscope and into the opening of the _____.
   b. Then a _____ of silicone are _____ through the tube and becomes _____ in about _____ minutes.
   c. The same procedures is repeated for the _____ tube.
   d. Same effectiveness as _____ and _____.

E. Vasectomy

1. As of _____ more than _____ American men had a vasectomy.
2. The operation usually takes between _____ to _____ minutes and is done under _____ anesthesia, in a doctor's office.
3. A small incision is made in the upper _____, and the _____ is pulled out, _____ and _____.
4. Both vas deferens are _____.
5. _____ needs to be continued for _____ to _____ weeks after a _____, or until _____ samples contain no _____.

SEXUALLY TRANSMISSIBLE DISEASES

A. Definition: _____

_____.

B. Pandemic:

1. _____ out of _____.

C. Average age of infection: _____ _____.

D. _____ out of every _____ persons who get syphilis, will end up with permanent _____, _____, or _____ damage.

E. Incurable strain of S.T.D. _____.

F. _____ first discovered to be effective against V.D. in _____.

G. Misconceptions:

1. _____
2. _____
3. _____
4. _____
5. _____

CHLAMYDIA:

A. _____ S.T.D. in the nation.

B. _____ million cases each year, resulting in _____ cases of P. _____ I. _____ D. _____ each year.

C. P.I.D. is the leading cause of _____ in women today.

D. Treatment: _____.

E. Transmission: _____.

F. Symptoms in Women: _____.

G. Symptoms in Men: _____

_____.

GONORRHEA:

A. Symptoms in male: _____

_____.

B. Symptoms in female: _____

1. _____ million women have the infection and are unaware of it.

2. _____ half will have a _____ just to save their _____.

3. Major cause of _____ in women today.

C. Causative Agent: _____, which is a _____.

D. Transmission: _____.

1. _____ new cases each year.

E. Results of untreated Gonorrhea: _____

_____, _____.

F. Treatment: _____.

1. _____ million units.

2. Shots _____.

3. When administered: _____.

4. Drug of choice: _____.

5. Alternative drug: _____.

G. Test: _____.

H. No symptoms: _____.

1. _____ male.

2. _____ female.

I. _____ increases chance of gonorrhea.

Herpes simplex II

A. The new venereal disease: _____ Americans affected.

1. _____ new cases each year.

B. Symptoms:

1. first: _____.

2. second: _____.

3. males: _____.

4. females: _____.

C. Causative agent: _____ _____.

D. Transmission: _____, as well as _____.

1. Herpes virus can survive _____ to _____ hours on _____ or _____ hour on cotton. Thus _____ and _____ can transmit herpes.

E. Diagnosis: _____ and _____ _____.

F. Stages:

1. _____ appear then _____ in _____to _____ days.

2. Virus then _____ inside _____ cells.

3. Can reappear when there is _____ resistance.

4. i.e. _____, _____, _____, _____, _____.

G. Duration: _____!

H. Treatment: _____ cure.

1. _____, drug used to relieve _____.

2. Soak in _____ solutions.

I. Effects: _____ cancer, _____

_____, _____.

J. _____ of infant herpes _____

had herpes with no_____.

K. Can lead to _____ cervix.

SYPHILIS

A. In _____ there were

_____ new cases. A _____ % increase.

B. _____ serious

than_____ because it can attack

_____ of the body

C. Symptoms: very _____.

i.e._____, _____,

_____.

D. _____ primary lesion: _____

sore that doesn't _____.

E. _____ secondary lesion: _____

_____. Also _____.

F. Causative agent: Name _____.

1. Spread throughout the body in _____

weeks.

G. Test: _____.

H. Transmission and treatment same as _____

_____.

1. _____, if person has a chancre in the mouth.

I. Stages:

1. Primary Occurs: _____.
2. Secondary Occurs: _____.
3. Late Occurs: _____.

J. Passed from mother to child: _____

_____.

K. Famous men who have been affected by or died from Syphilis:

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

AIDS: _____, _____

_____, _____.

A. _____ people become infected in the _____.

B. Worldwide _____ every _____ gets _____.

C. Causes _____ of _____ system.

D. About _____% of aids victims are_____ _____ men.

E. About 30% are:

1. _____ drug users.

2. _____ patients.

3. Recipients of _____ transfusions.

F. In U.S. first discovered in _____.

G. Causative agent:

1. a _____ called _____.

2. Has been spread through and found in:

_____ _____

_____ _____

_____ _____

_____

3. Almost all _____.

4. Enters body through:

_____, _____,

_____, _____,

_____, _____.

H. Tests:

1. There is no known test for the aids virus.

2. There is a test to determine if the body has built up _____.

This is called the _____.

I. Most victims of aids who develop symptoms die within a _____ year period.

J. A.R.C.

_____, _____,

_____.

1. One _____ carry aids, and don't know it.
2. They may have _____ symptoms and never develop _____.
3. In _____ years _____ to _____% develop _____.
4. Or in _____ months develop aids or aids antibodies. _____ test will pick it up.

K. Symptoms:

1. _____, _____

_____, _____

_____ lymph nodes in

_____, _____

and _____.

2. Kaposis Sarcoma: _____

_____.

L. Aids, Hepatitis B, and Herpes virus:

1. _____ times smaller than a sperm and can penetrate _____ especially lambskin.

2. Latex condoms and _____ kills aids _____.

M. _____ % cases in _____

_____ % cases in _____

_____ % cases in _____

N. _____ virus also found in _____, _____, _____, _____ and _____. Yet it is not _____.

1. It is similar, but has major _____ _____.

O. Hotline: 1-800 FOR AIDS

a. Located in San Francisco

EMBRYOLOGY/FETOLOGY

The Secret World of the Unborn Baby

The nucleus contains the _____code.

There are 23 sets of _____

located in the _____.

The genes are located on the _____.

Genes determine _____ characteristics.

They come two ways _____ and

_____.

Within a week what has happened to the two original cells?

_____

_____.

Before the embryo attaches to the mother where does it get its food?

_____

_____.

When the baby moves into his mother's womb, he becomes

_____.

The exchange of food and oxygen between mother and baby takes place here:

_____.

What happens to the amniotic fluid (water) as the baby grows larger? _____.

Where does the baby get oxygen? _____

_____.

This structure is 20 to 44 inches long: _____

_____.

List 3 reasons why the answer to the above question cannot be knotted.

1. _____
2. _____
3. _____

In The Womb:

There is no _____. The Fetus is _____.

The temperature is _____.

Sound, sight, and rhythm:

Name 4 things that the baby can hear while in the womb.

1. _____
2. _____
3. _____
4. _____

What type of vision does the unborn baby have?

_____.

After the baby is born, what will the baby respond to first?

_____.

Tiny babies are always attracted to the

_____ before the

_____.

What sound is most familiar to the unborn baby?

_____.

Quick jerks from the unborn baby is a way the baby expresses his

_____.

How long do unborn babies sleep _____.

Eating and Crying:

The mother does not need to eat _____

_____.

The unborn baby's lungs are filled with

_____.

If the unborn baby is very active, he may drink

_____

_____.

It was once thought that unborn babies probably did not feel _____.

The usual reason for kicking is:

_____.

A baby's neck muscle is so weak because_____

_____.

Growing:

The baby grows faster than any other time in his life time between _____.

A full term baby will be approximately _____

inches long and weigh about _____.

What part of the womb offer the most space

_____.

_____ out of every 100 babies are born

_____.

Every baby has his individual _____

_____.

A baby kicks with his _____.

One of the most comfortable things that the baby runs

into is his mother's _____.

The baby is most comfortable when his mother is in what

position? _____.

How It Feels To Be Born:

Name the two distinct parts to the birth of a baby?

1. _____ 2. _____

The second part of the birth process may last from

_____.

What happens to the temperature of the womb during

birth? _____.

_____ pulls on him.

What happens to the fluid in the lungs?

_____.

What happens after birth when something tight is put on the baby's head?

_____.

GROWTH AND DEVELOPMENT

Blueprint in Chromosomes

I. Facts:

A. _____ million babies born in the U.S. yearly.

B. _____ million babies born in the world yearly.

II. Terms:

A. Chromosomes:

1. _____ located in _____ of cell and carry the _____.

B. Meiosis:

1. _____ of _____ to _____in _____ and _____.

C. Conception:

1. Sperm and Ovum _____ in _____.

D. Zygote:

1. First stage of _____.

2. Takes _____ to _____hours for first cell _____.

E. Morula:

1. Ball of _____.

2. *Still present in the* _____tube.

3. Cells are _____.

F. Blastula:

1. Ball of many _____ cells.

2. Located in the _____.

3. Takes _____ to _____ days.

G. Trophoblast:

1. Group of _____

cells that _____ the

baby from the mothers

_____ system.

H. Embryology:

1. Study of human _____

from _____ to _____

weeks.

2. _____ weeks _____ long.

3. 3 to 4 weeks

a. _____ heart

b. _____ is present

c. _____ inches long

d. _____ buds are the size

of an _____. mark!

4. 5 weeks

   a. _____

5. 6 weeks

   a. _____

6. 6 to 8 weeks

   a. _____, _____ system.

   b. _____ inch long

   c. _____ and eye _____.

I. Fetology:

1. Study of development from the end of the _____ week to _____

2. 12 weeks

   a. _____ long

   b. all _____ present and functioning.

3. 13 weeks to birth

   a. grows in _____ and _____.

4. 14 weeks

   a. _____ thumbs

5. 16 weeks

   a. turns in _____.

J. Birth Weight

1. Average _____ lbs. _____inches.

K. Due Date

1. Add _____ days to the _____ day of her last _____.

L. Premature

1. _____ _____.

2. _____ die yearly.

3. _____ % of 4 million born in U.S. _____ pounds or less.

4. _____ thousand develop _____ problems.

5. Premise put on _____ immediately.

   a. Tubes inserted into their _____.

6. _____ is oily substance found in _____ lungs, not in _____.

M. Placenta

1. An _____ terminal.

2. Covers _____ of the uterus.

3. Approximately _____ inch thick.

N. Umbilical Cord

1. Attaches _____ to _____.
2. Average length: _____ inches.
3. Also _____.

O. Amniotic Fluid

1. Protects against _____ & _____.
2. Replaced every _____ hours.
3. Also provides some _____.
4. Baby has _____ plugs.
5. _____ is white covering to protect from the _____.

P. Amniotic Sac

1. Contains _____.
2. Usually _____ prior to _____.

Q. Coccyx

1. _____ bone.
2. _____ during birth.
3. May have to be _____ later.

R. Perineal Prep

1. _____ pubic hair.
2. Void _____.

3. _____.

4. _____.

S. Episiotomy

1. Cut in _____ toward the _____ to speed up _____.

2. Stitches used to _____.

T. After Birth

1. Comprised of _____ cord, _____, _____.

2. Weights between _____ to _____ pounds.

U. Trimester

1. _____ month periods of time.

2. Pregnancy equals _____ trimesters.

3. Last trimester take no _____ because it reduces _____ time.

V. Breach

1. _____ percent born this way.

2. Any birth other than _____.

W. Caesarian

1. _____ percent born _____ section.

2. Surgical removal of baby.

3. The _____ or upper part of the _____ is where _____ section is preformed.

4. Sometimes called _____ caesarian.

5. Caesarian sectioned mothers can choose to have a _____ delivery if their next pregnancy is progressing _____.

X. Test Tube Baby

1. Costs _____ dollars.

2. The odds of success are a _____ chance.

BIRTH DISORDERS

Definition: _____

_____.

Examples: _____, _____,

_____, _____,

_____, _____.

How Many: _____ out of _____ have

significant birth disorders.

_____ thousand children in the

_____ are born with

_____.

Occur when: During the _____.

i.e. _____.

General Categories:	Percentage	Examples
1. Genetic	_____%	_____
		_____
		_____
		_____
2. Environmental	_____%	_____
		from _____
		_____
		cramped in _____

3. Combination: _____% _____

and _____

more common in _____

Specific causes: _____ tranquilizer.

_____, _____

_____, _____

_____ and _____.

Specific disorders:

1. Congenital Heart Disease:

2. RH Factor:

3. Sickle Cell Anemia:

4. Down's Syndrome:

5. German Measles:

6. Phenylketonuria:

7. Lee's Disease:

8. Tay-Sachs Disease:

9. Spina Bifida:

10. Thalassemia:

11. Polio:

12. Cleft Lip and Palate:

13. Clubfoot:

14. Genital Herpes:

Prevention:

a. _____.

b. _____.

c. _____.

d. _____.

e. _____.

f. _____.

"THE RIGHT TO BE WELL BORN"

A. _____, sometimes called Mongolism, can result in a severely retarded child.

B. One out of _____ babies are born with Down's syndrome.

C. The concept of Fetology is_____.

D. Amniocentesis: _____.

E. A baby with Down's has _____ chromosomes. The normal baby has _____.

F. The abnormality may occur in _____ races.

G. The ideal age for child bearing is between _____ & _____. The lowest incidence of Down's occurs at this time.

H. Girls younger than 18 are more likely to have problem pregnancies because _____.

I. Genetic defects can be diagnosed by _____.

J. Amniocentesis is usually performed between the _____ and _____ weeks of pregnancy.

K. If the fetus is found to be defective, the parents have two options: _____ or _____.

L. The majority of serious hereditary diseases are recessive. To be transmitted, _____ parents must be a _____ of harmful genes.

M. _____ is a genetic disease which causes an accumulation of fats in the brain. It involves an _____ deficiency.

N. _____ % of children with Tay-Sachs disease are of _____ descent.

O. Amniocentesis can also determine the _____ of the fetus.

P. Sex can be determines by the concentration of _____ in the _____.

Q. In most cases, hemophilia is only transmitted to the _____ child.

R. _____ is a genetic disorder where a _____ mucous accumulates in the lungs. This disease _____ be diagnosed by _____.

S. The viral infection _____ has produced thousands of deformed babies when contracted by the mother _____ in _____.

T. Amniocentesis can also determine the age of the _____.

U. Scientists now find that it is possible to give the fetus _____ by injecting then into _____ fluid.

V. Amniocentesis may begin to guarantee the right to be _____ born.

ABORTION

P.O.C.

P. _____ of C. _____

I. Definition: _____

A. Some countries have more _____ than live births.

1. i.e.

_____, _____,

_____, _____.

B. Legalized in _____.

1. First 3 months on _____.

2. Next 3 months with _____, up to _____ weeks.

3. _____ before birth if mothers health is in _____.

C. Part of Supreme Court decision based on:

_____ child.

1. Theory: _____

_____

_____.

D. Finding of Doctor Edward Lenoski, professor of pediatrics University of Southern California:

_____

_____

_____.

1. Conclusion:

_____.

II. Incidence:

A. California 1990 _____

1. Age Under 15 _____

15 to 19 _____

20 to 24 _____

25 to 29 _____

30 to 34 _____

2. Racial White _____

Hispanic _____

Black _____

3. Single:

4. Time performed:

9 weeks or less _____%

Between 9 and 13 weeks _____%

5. Cost: Approximately _____ per procedure.

1. _____ to _____% paid for by the _____.

B. Worldwide:

1. In 1971 _____.

C. United States: _____.

1. In 1990 _____.

D. Live Births: _____.

1. _____ abortions per _____ live births.

III. Reasons

A. First group _____ percent.

1. _____.

2. _____.

3. _____.

4. _____.

B. Second group _____ percent.

1. _____.

2. _____.

3. _____.

4. _____.

IV. Death Rate:

_____ per _____ done.

V. Medical Procedures:

A. _____ Aspiration.

1. _____ to _____ months.

2. _____ times stronger than average _____.

3. Procedure:

_____

_____

4. Responsible for _____ out of _____ abortions done.

B. _____ and _____.

1. _____ to _____ months.

2. Procedure:

_____

_____

C. _____ induction.

1. _____ to _____ months.

2. Procedure:

_____

_____

_____

a. _____ hormones injected into _____ sac after the salt is injected to prevent _____ _____.

b. Salt solution is _____%.
Sea water is _____%.

D. _____:

1. _____ to _____ months.

2. Procedure:

_____

_____

E. Miscarriage:

1. Non _____ or _____

_____.

VI. Inconsistencies:

A. Can't Live_____.

Can Live _____.

B. Murder _____.

Not Murder_____.

C. Religious View

_____

_____

VII. Debate: _____% for and _____%

against.

A. Pro view _____

_____

Con view _____

_____

B. Pro view _____

_____

Con view _____

_____

C. Pro view _____

_____

Con view _____

_____

VIII. Legal Dilemma:

_____

_____

_____

IX. Position changes:

A. American Medical Association _____

_____

B. _____ states abortion was a

_____.

C. Planned Parenthood:

1. Founder _____

strongly _____

abortion.

a. When died organization

_____ position.